

extension can be more perfectly maintained; that in the inflammatory stage he can dress the limb much more loosely, and can apply his evaporating lotions with better effect; and if the fracture be a compound one, requiring to be dressed daily, it can be done with less danger of deranging the fracture.

It has been objected to this method of dressing, that the adhesive plaster will irritate the skin so that the patient cannot bear it. There may be occasionally a case of this sort, but they must be very rare; I have never seen one. In a case of compound comminuted fracture of both bones of the leg, not more than two inches above the ankle-joint, I kept these dressings applied *without change*, and without irritation, sixty days, and got a sound leg, and of proper length, after the removal of several pieces of bone.

MANCHESTER, N. H., Nov. 2, 1853.

ART. IV.—*Extracts from the Records of the Boston Society for Medical Improvement.* By WM. W. MORLAND, M. D., Secretary.

August 22. *Sunstroke*.—Dr. J. B. S. JACKSON reported the following case: An Irish labourer, 25 years old, was brought into the Massachusetts General Hospital about 4 o'clock P. M. of the 13th of August, in a state of complete coma, being perfectly unconscious. Surface of the body warm; pupils of the eyes much dilated; pulse 120, very full, but readily compressed; breathing almost stertorous. His friends stated that this state had continued for about an hour, and that it supervened suddenly while he was at work in the sun. Slight delirium subsequently manifested itself. Ice was immediately applied to the head and warmth to the feet, and the following enema administered, viz.: Olei tiglii, guttæ ij; olei olivæ ʒiiss; in a pint of soap-suds. Free alvine evacuation was thus procured, and the patient soon began to show signs of consciousness.

14th. The following draught was given: R. Magnesie sulphatis ʒj; tincturæ sennæ compos. ʒij; solve. Free operation from the medicine.

16th. The patient was discharged well.

Dr. JACKSON asked if other members had lately seen cases, or would refer to any and to the modes of treatment found most efficacious.

Dr. PARKMAN mentioned the cases related by Andral in his *Clinique Médicale*; the necroscopic appearances are there detailed.

Dr. CABOT said that hot baths and stimulants were found very successful in one of the New York hospitals some years since. Bleeding did not answer in the cases then and there observed.

Dr. BIGELOW, Sen., saw a case on Sunday last—an Irishman. The pulse was small and rapid; and the patient, indeed, seemed moribund when Dr. B. first saw him; and, in fact, soon died. He had been walking for a long time exposed to the direct rays of the sun.

Dr. STRONG, several years since, saw a number of cases. There seem to be two classes of cases. In one the prostration of the system is marked and sudden; there is coldness of the surface, and the pulse is low; this state is

succeeded by a hot stage with very strong pulse; then coma and death occur, if there be no remedial interference. In certain cases, the last-named stage is not observed to occur; the patient is as if intoxicated, or as if he had received a severe blow on the head. Dr. S. referred to one case which he saw when the patient was just dying. The body was very hot and the appearance of the patient entirely apoplectic. An emetic had been administered by a physician who first saw the patient; previous to taking this, the patient was entirely rational; afterwards, the apoplectic state rapidly came on.

Dr. COALE related two cases which he observed at sea in a tropical climate. While bringing the ship to anchor under a vertical sun, an old sailor dropped under sunstroke. A great lack of impressibility by remedial measures was remarked in this case. Blisters made no impression; death followed in the course of the day. The next day, a young sailor was stricken down by the same cause. Dr. C. also mentioned the case of a watchmaker, in Boston, who was senseless from sunstroke through an entire day. The pulse very small; being cautiously bled at first, the pulse was found to rise, and then bleeding was practised quite freely, with benefit, recovery ensuing. The patient, however, was obliged to quit his occupation.

The SECRETARY refers, in this connection, to a case where stimulants, internally and externally, were alone serviceable, and, indeed, indicated; the patient, an athletic Irish labourer, having, after being at work in the sun, fallen suddenly and remained a long time in a state of collapse from which he was with difficulty recovered. He is now well, with no noticeable consequent effects.

Ovarian Dropsy.—Dr. HAYWARD, Sen., related the case of a female, 31 years of age. She was tapped for the first time in May last; the quantity of fluid evacuated was enormous, viz. :—

May 19. Forty-five pints.

July 13. Forty-two pints.

August 17. Forty-eight pints.

September 12. Forty-seven pints.

Total, one hundred and eighty-two pints in less than four months.¹

The consistency of the fluid was that of purulent mucus; each pint weighing exactly one pound; the patient extremely emaciated. Dr. H. remarked that he always tapped patients in the upright position, and he had never known one to faint. The many-tailed bandage is first applied around the abdomen. He mentioned the position, because the *recumbent* posture has been strongly advocated by members of the Society. (*Vide Extracts*, p. 317.)

Dr. C. E. WARE, last February, drew from a patient from fifteen to twenty quarts; afterwards three to four quarts, from time to time, merely to relieve the distension of the abdomen.

Dr. CABOT referred to a case previously reported, in which five gallons, and once nearly six gallons, were drawn off. Dr. C. prefers the recumbent posture as being more comfortable to the patient.

[The sitting position only is directed by Mr. Druitt; but Mr. Fergusson, after describing the operation done in that posture, says: "Instead of having the patient seated, it answers very well to keep him in bed, with the abdomen

¹ Since the case was reported to the Society, the patient has been tapped three times. Dr. Hayward, Sen., drew off forty-four pints on the 3d of October; Dr. Geo. Hayward, Jr., forty-three pints on the 19th of October; and forty-five pints were taken away on the 4th of November by Dr. Hayward, Sen.

projecting over the margin. There are thus less fatigue and less chance of fainting, and I have often operated in this way without using a binder at all." (*Practical Surgery*, Eng. edit. pp. 573-4.)

MM. Malgaigne and Sédillot prefer the recumbent posture.—*SECRETARY.*]

September 12. Acute Pneumonia.—Dr. J. B. S. JACKSON reported a hospital case of the above disease. The patient was a female, 19 years of age, a tailoress; healthy previous to the pneumonic attack, with the exception of slight amenorrhœa. She entered the Massachusetts General Hospital on the 31st of August last. Four days previous to that date, she was out in a storm and her feet became very wet. She took cold, and awoke next morning with severe general pains, which have continued since, with slight cough. She is very weak, fainting on any attempt to rise; pulse 84; tongue coated in the centre, clean on tip and edges.

1st. Complains of pain in the left back and chest; there is rude, but deficient, respiratory sound over the left back. A sinapism was applied to the seat of pain: R. Pulveris ipecacuanhæ, pulveris opii, aa gr. $\frac{1}{2}$; quartâ quaque horâ.

2d. The last night restless; expectoration of about $\frac{3}{4}$ ss of very adhesive, rusty sputa; respiration 44 *per minute*, laboured; pulse 120; complains of pain in left chest on coughing. Dulness on percussion over left back; respiration scarcely heard in lower left lung; strongly bronchial in middle of left back. Examination of the chest impossible, yesterday, on account of patient's inability to sit up. Add to each dose of previously ordered medicine hydrargyri chloridi mitis, gr. $\frac{1}{4}$.

3d. Much dyspnoea and distress; profuse perspiration; pulse 140; sputa less adhesive, more sanguineous; extensive crepitous râle over the left back, not observed last evening. Omit present medicine. R. Pulveris ipecac. et opii, gr. v; quartâ quaque horâ.

4th. Much confused during the night; now, countenance very sallow; expression distressed; pulse 120; tongue covered with a whitish coat; cough diminished; one free bilious dejection.

5th. Night more comfortably passed; now (A. M.), respiration less laboured; expression of countenance better; pulse 110; four liquid bilious dejections.

6th. Still much dyspnoea; skin much more yellow. R. Pilul. hydrarg. gr. v; and repeat, horâ somni, if no dejection previously.

7th. More comfortable; pulse 72; expectoration about $\frac{3}{4}$ vj, rather viscid, mucous, and almost colourless.

The patient continued to improve till October 14, when she was discharged well.

Dr. Jackson remarked that he had noticed yellowness of the skin accompanying pneumonia of the right side, but never, before, that of the left.

Imperforate Anus.—Dr. TOWNSEND, Sen., saw at the Massachusetts General Hospital a child, born on Sunday (a week ago yesterday), with imperforate anus. No operation was permitted on it at that time. It was seen again on the Thursday following. A little meconium had then passed through a small pin-hole aperture. A probe was passed in, and the opening freely dilated, the rectum being found free. The child did well.

Death from Hemorrhage from Division of the Frænum Lingue.—Dr. TOWNSEND, Sen., was called to see a child, in consultation, upon whom the

operation for dividing the frænum linguae had been done. The resulting hemorrhage could not be controlled. All sorts of styptics were tried; the ligature and the actual cautery were unavailing. The child died after lingering some days. It was very healthy at birth.

Dr. STORER asked how frequently this operation is really necessary. He had done it but three times, and then *at the urgent request of the parents only.*

Dr. TOWNSEND considered it very rarely required.

Dr. PARKMAN had done it once, and the necessity was apparent.

Dr. COALE had operated in four cases; in one case, the tongue could not be protruded beyond the gums.

Dr. CABOT had operated once. The child was quite advanced for such an operation. Articulation was impeded by the tongue-tied condition, and the operation remedied the trouble.

[Mr. Fergusson, (*Practical Surgery*) fixes the *extent* for necessary division in tongue-tie, at one-eighth of an inch, and says, "there is no necessity for approaching the tongue, so as in any way to endanger either the ranine veins or arteries."—SECRETARY.]

Pulmonary Disease (Gangrene) complicated with Dysentery. Reported by Dr. STORER.—The patient, a German, 48 years of age, entered the Massachusetts General Hospital, July 25. He had been perfectly well until five weeks previously; was then obliged to give up work by a sudden attack of prostration of strength, and cough. Cough had increased, accompanied by very fetid purulent expectoration; no appetite; great thirst; foul breath.

26th. On examination of back, dulness on percussion over left scapula, with very deficient respiration.

27th. Fluid expectorated since yesterday, in all, about 3iiss of mucopurulent matter.

August 3. Cough still harassing; matter raised during last twenty-four hours, about 3viij of purulent mucus, less offensive than heretofore.

4th. Expectoration tinged with blood. On examination of chest, flatness and absence of respiration over entire left scapula; expiratory sound quite marked over right back between spine of scapula and spinal column.

6th. Matter expectorated less in quantity, having some alkaline odour, unmulmated.

7th. Expectoration has lost the distinct character of yesterday.

10th. Cough much diminished. Six bilious dejections.

15th. Cough aggravated. Matter expectorated during previous night, at least 3viij, purulent, exceedingly offensive.

28th. Cough diminishing.

29th. Expectoration less than at any previous visit; not two ounces; very adhesive; somewhat sanguineous. Diarrhœa, which has existed for several days, now urgent. Pain in abdomen upon pressure being made.

September 1. Very languid. Countenance haggard. Expectoration less than an ounce.

2d. Eight or ten dejections, he says, watery. Since P. M. yesterday, four or five dejections, with tenesmus, bilious, with some half-formed scybala, a small quantity of mucus, and a few traces of blood.

After this period until his death, which occurred on the 9th, no record was made of his *thoracic disease*. His cough had almost entirely ceased. On examining, but a single sputum was observed in his vessel, being all he had

raised during the twenty-four previous hours. The dysentery in his exhausted condition demanding our whole care, and defying all our efforts to relieve.

At his *post-mortem* examination, the left lung was found adhering firmly to the walls of the chest, and in the front part of the upper lobe was found a cavity containing a large quantity of exceedingly offensive pus. No slough was found. There were throughout this lobe much softened tubercular matter and pus, but no other abscess. The rest of the lung was healthy, as was also the right, except a few tubercular masses at the apex.

September 26. Unusual Physical Signs in Phthisis.—Dr. JACKSON showed the lungs from a hospital patient; the right weighed over four pounds, contained several abscesses of the size of an English walnut, and was perfectly consolidated by tubercular deposits and a pneumonic condition of the intervening structure; the lower half being as much, but not more, affected than the upper. Universal pleural adhesions existed over this side, close and generally rather strong. The patient was a man, 26 years of age, and for three months he had had essentially the symptoms of phthisis; reported at the end of five weeks that he could walk two or three miles without fatigue, and did not keep his bed wholly until the last two weeks, when he failed rapidly, and expectorated large quantities of puriform matter; the expectoration previously having been very moderate in amount.

When first seen, in the fifth week of his disease, July 26, the signs were those of pneumonia of the right lower lobe, posteriorly; crepitous râle; bronchial respiration and bronchophony in the root of the lung; dulness on percussion; otherwise well over this side, except that the respiration was rather diminished. From this time, the signs of disease were developed, and extended most remarkably. On the 28th, there was dulness below the clavicle. August 1. All the signs over the lower lobe were much increased; and, in addition, there was a most marked regophony. This last was undoubtedly owing to the pleurisy that must have existed, and some of the other signs may have been modified by it; yet it did not exist at first; and it may be remarked, in regard to the symptoms, that there was never, throughout the whole course of the disease, any pain in the right side even on full inspiration. On the 19th, the râle had extended over the whole side, and about the angle of the scapula it amounted to gurgling, with an intensely bronchial or cavernous respiration in this last part; the dulness on percussion, meanwhile, had much increased. On the 29th, the respiration was somewhat bronchial below the clavicle, and on the 1st of September strongly so. 16th. Perfectly flat over whole of right front, with gurgling below the clavicle; and thus the physical signs continued, having commenced in the lower back part, and gradually extended over the whole of the right side.

In the left lung, there was an abundant tubercular deposit in the upper lobe, and more or less in the base, with a few small abscesses; there were also pretty extensive pleural adhesions. Yet no physical signs were ever discovered, though a full examination was often made, as it was presumed that some disease must exist upon this side when there was so much upon the other. The freedom with which this side moved in inspiration, as compared with the right, was quite remarkable.

Another point of interest in this case was the existence of very extensive ulceration of Peyer's glands, the bowels having been perfectly well until the last few days.

Hard Lenticular Cataract.—Dr. WILLIAMS showed the specimen which

he had removed by extraction, yesterday, from a patient 80 years of age. It had been preserved in glycerine, and the amber colour of the nucleus, usually observed in this form of cataract, is well shown.

Hydrophobia.—Dr. HAYWARD, Sen., related the case. The disease was manifested in a boy of 7 years, who was bitten, on the 13th of August, at the angle of the eye, and on the lid, and likewise near the mouth, by a dog. The wounds were thoroughly sucked by a physician who was called in, and then very freely cauterized with nitrate of silver. The boy continued well for exactly one month, when hydrophobic symptoms declared themselves, commencing with soreness in the scars of the wounds, noticed first on the 11th of September, and going on in the usual course of such cases to a fatal termination. The pulse, at one time, rose to 120 a minute; the respiration about 40 per minute; trials, resolutely made by the patient to drink, were stopped by convulsive spasm of the glottis, &c. &c. Bread moistened with water could not be eaten.

Dr. H. tried the experiment of taking the boy to a window, rain falling heavily at the time; the pouring of water, *thus*, externally, did not affect the patient; but when poured into a vessel near him, he was convulsed. A current of air likewise affected him, especially if the air were cool. All treatment was unavailing. Leeches to base of skull; assafetida injections, and subsequently nourishing ones, were administered.

[It was remarked that the sound of the pouring rain did not affect the patient because it did not *immediately* relate to him. Water, more visible to him, either when poured or banded for trial of swallowing, would of course be more potent in arousing spasmodic action, being more direct in presentation, and therefore more appreciable. Dr. MARSHALL HALL, in speaking of the treatment of hydrophobia lately, declared his belief in the curative action of *tracheotomy* in the disease, which operation, it is now well known, he so strongly advocates in epilepsy.—SECRETARY.]

Pediculi upon the Head and Eyelashes.—Dr. COALE had discovered these insects in the above localities upon a child 5 years old. A microscopical examination of them was made by Dr. DUNKEE, who decided that they were the *pediculi pubis*. A case was referred to by Dr. D. as having occurred in England, and which was duly recorded, and in which instance the patient, a female, was troubled by the parasites issuing, *apparently*, from the various outlets of the body, *e. g.* the mouth, eyes, vagina, &c. They were often felt in the throat. Dr. D. gave the case as reported in Denny's *Monographia Anoplurorum Britannicæ*.

Dr. BIGELOW, Sen., doubted the possibility of such issue from the outlets of the body; the parasite is not one of the inmates of the hollow viscera, and cannot exist, indeed, within them.

Dr. BURNETT remarked that these insects breathe by stigmata; if these be closed by oil, mucus, &c., the creature would necessarily die. This is true of the flea. The pediculus pubis, Dr. B. added, is now known as the *phthirius inguinalis*.

October 10. *Calcareous Deposit upon Placenta—Uterine Hemorrhage.*—Case reported by Dr. STORER.

On the 27th ult., Mrs. M., aged 23, was confined, after a labour of twenty-four hours, with her first child. Immediately upon her delivery hemorrhage

commenced. Upon feeling for the placenta, it was found to be firmly adherent throughout a considerable portion of its extent. With much effort, it was separated; and, upon being examined, was found to be extensively covered with calcareous spicula. The hemorrhage continued to a fearful degree for a considerable length of time, and the patient was in imminent danger for a couple of hours. Great difficulty was experienced in producing regular uterine contractions; the portion to which the placenta had been attached seemed to have lost its contractile power—so that instead of the globular tumour usually observed after delivery, an irregular oblong body existed. External friction and the exhibition of laudanum and brandy, and ergot freely exhibited, finally accomplished the wished-for result.

Gutta Percha Bougie broken off in the Urethra.—Dr. J. MASON WARREN said that he mentioned the case for the benefit of his professional brethren.

A young man applied to him suffering under an obstruction in his urine, for which he had been subjected to much treatment without relief. He had contracted a gonorrhœa nine months before, and had a mucous discharge since. The symptoms indicating stricture, he was advised to have the urethra explored. A small wax bougie was first selected from a bundle, but rejected from being a little injured. The next that offered was one of gutta percha, and being of the requisite size, was softened in the hand, and passed up readily to the prostatic portion of the urethra. Meeting here with some obstruction, it was withdrawn, the point a little softened and bent, and it then went easily into the bladder without the use of any force. On taking hold of the instrument to withdraw it after it had remained a minute or two in *situ*, it broke off short at the orifice of the urethra, or rather dropped off as if it had already been detached, from the effects of a change of temperature, as not the least violence was applied to it. Dr. W. requested the patient to stand perfectly still, not having any question at the time but that with a forceps it could be seized, and readily withdrawn. This at once was found impracticable. It seemed to retract, and bury itself in the anterior wall of the urethra, and any attempt at seizing it only resulted in the laceration of the lining membrane. Various instruments were tried, which he had generally employed in withdrawing foreign substances, but from the peculiarly soft nature of the material in the present instance, and its small size, it could not be detected or seized. Efforts were made, by passing the finger into the rectum and by manipulation on the external part of the urethra, to force the instrument forwards, but from the reasons mentioned above, viz. its softness, small size, and its not distending the canal so as to make itself evident there, nothing could be effected in this way. The patient was sent to the hospital, and seen there by Dr. Parkman in consultation, and as it was found practicable to pass a catheter by the side of the bougie, and free the bladder, it was concluded not to cut down for the purpose of removing it, but to leave the case for the present, so long as the symptoms were not urgent, and see what nature would effect. He was ordered a warm bath, and confined to his bed, on a liquid diet. The day following, he was free from pain, and had passed water while in the bath. On the third day, he observed a hard substance, through the walls of the urethra, making its way towards the orifice; this he assisted a little, and extracted a bit of bougie an inch in length, very brittle, and shrivelled up. On the fifth day, a still larger piece was passed, and on the sixth the remainder of the instrument, making in all about seven inches. He suffered very little from the presence of the foreign substance, his principal complaint being the soreness of the urethra near the meatus, caused by the attempts made to

extract it; which, however, had been conducted with the utmost care, and soon discontinued, as they were found to be useless. The patient is now well, and completely relieved from his previous troublesome disease.

Dr. W. said that he had often used the gutta percha bougies for taking impressions of strictures, and, until the present case, had never experienced any accident from them. In order to be employed with safety, they should be made fresh when required for use, as they become extremely brittle on exposure for any length of time to the air.

At the next subsequent meeting of the Society, Dr. GOULD reported the following somewhat similar case:—

A gentleman, at a distance of about ninety miles from the city, broke off about an inch and a half of bougie in his urethra. As the physician of the place had no instruments adapted to the case, the gentleman took the cars for the city, and came to Dr. G. with a request that he would direct him to some surgeon supplied with suitable instruments. On examination, Dr. G. could feel the fragment, partly in the membranous portion of the urethra, and by pressure behind it succeeded in dislodging it, and by pushing it before the finger brought it out of the urethra. It was a very simple and obvious method when once thought of, and in this instance succeeded perfectly.

Large Tumour of the Arm.—Dr. J. MASON WARREN related the case.

The patient, 75 years old, stated that, twenty years before, her husband, while in a state of insanity, threw at her a cannon-ball which hit her on the arm near the axilla. Shortly afterwards, the tumour began to make its appearance, and increased until it arrived at its present enormous size. It appears to be of a fibro-cellular character, and of about twenty pounds' weight, hanging down so that, when the arm is held at a right angle with the body, it rests on the seat on which she sits, dragging down the integuments and other structures in its vicinity. Very large vessels enter it from the axilla, and can be distinguished pulsating in its substance. The tumour is carried by the patient in a large sleeve, and when first seen by Dr. W., it had an ulceration on the surface, caused by being projected from her sleeve on to the grate, while she was in the act of throwing coals on to the fire. She had a second tumour, apparently of a similar description, on her face. Dr. W. showed a very striking daguerreotype of the patient and tumour.

Sudden Death after Delivery—Disease of the Heart, &c.—Dr. C. E. WARE reported a case of sudden death immediately after parturition. The subject was a woman 28 years of age. She was taken in labour at the full time, at about 9 or 10 o'clock in the morning, having enjoyed good health during her pregnancy and during her previous life. She was said by her friends to have been subject to dyspnoea and sudden paroxysms of coughing on any unusual exertion or effort of walking. Her labour went on regularly, without anything untoward except that, when the labour became very active, and the head of the child approached the perineum, she complained of a great deal of distress at the epigastrium and of a suffocative feeling, accompanied by a short cough, and expectoration of a white, frothy, serous-looking fluid. When the head was pressing upon the perineum, a few minutes before the birth, during the last pains, her mind began to wander; she neglected to make any effort, and the child was born spontaneously, so far as she was concerned, and apparently without her consciousness. The after-birth followed immediately, and there was no flowing of consequence. Mania commenced immediately; she at first screamed and talked, and soon tossed about. She would take nothing,

and appeared to recognize no one. The child was born at 7 P. M. She continued unmanageable, and became more and more violent until about half past eight. Her expectoration as copious and of the same character, excepting that it began to have a pinkish tinge. Her pulse was regular, of good strength and caliber. At about half past eight, she suddenly raised herself in bed, gave a shriek, and fell back dead.

At the *post-mortem*, only the chest was allowed to be opened. Great general rigidity. In the right pleural cavity about half a pint of fluid. Right lung very œdematous. Left lung everywhere adherent, with great opacity, and thickening of the cellular tissues about the pericardium. About a gill of fluid in the pericardium, which was not adherent. Heart of about the normal size and texture. The mitral and semilunar valves on the left side greatly thickened and adherent, and the orifices so contracted that neither would more than admit the little finger. The right side of the heart was normal.

Dr. Ware alluded, in connection with this case, to another which he reported to the Society some time since, of sudden death from a similar cause. A young woman, who had never presented any very marked symptoms of cardiac disease, was suddenly seized, after a scene of some excitement, with dyspœa, cough, copious fluid expectoration slightly tinged, and died in about five hours. The same disease of the mitral and aortal valves was found. Dr. Ware considered the expectoration very characteristic of the disease: he had never seen it in any other disease. It was poured out with such copiousness as to be almost a source of suffocation by itself, as in cases of excessive and rapid hæmoptysis.

October 24. Disease of the Hip-Joint, with Caries of the Ilium and of the Horizontal Portion of the Pubis.—Dr. J. B. ALLEY reported the case.

The patient, a man 48 years of age, had at the age of 10 years a disease of the hip, which terminated in shortening of the limb. At 34 years of age, a large abscess formed on the outside of the left thigh. The attending physician recommended opening the abscess, but the patient demurred, and placed himself under the care of an irregular practitioner, who bled him largely, and gave him calomel until he was thoroughly salivated. After this treatment, the swelling disappeared, and he was not troubled again for three years. During the past ten years has had occasional attacks of pain and tenderness in the joint. The patient came under Dr. A.'s care about one year ago. At that time, he was suffering from the presence of a large tumour, which appeared on the inside of the left thigh. Before this suppurated, another and much larger tumour appeared on the outside of the thigh, extending from the hip two-thirds of the distance to the knee. In the course of a short time, this abscess opened of itself, and discharged a large quantity of matter. This was soon followed by a discharge from the one on the inside, and also a small opening immediately over the sacrum. The patient's strength began to fail, symptoms of hectic appeared, but were successfully combated by tonics and a generous diet, and for nine months the patient rallied, and at times recovered sufficient strength to walk out and attend to his business, which was that of a broker. This state of things did not long continue. The patient became more emaciated, and less able to bear fatigue; and about three months previous to his death, an abscess formed in the perineum, and discharged freely. From that period until his death, he suffered much at times, but was able to move about the house and occasionally to walk out. Still, it was evident that the disease was gaining ground; his sleep was now disturbed, his appetite failed, and he

gradually sunk away until his death, which took place quite suddenly at the last, he having appeared, the night before his death, as well as he had for some weeks previous.

[*Post-mortem examination twenty-four hours after death.*—Body much emaciated; left leg about three inches shorter than the right; and three fistulous openings leading towards the hip-joint.

The pleurae were found partially adherent, and there were tuberculous cavities in the lungs, but not of any great extent.

All the other organs were normal except the spleen, which was much enlarged. On opening the hip-joint, the head of the femur was found to have been entirely absorbed, and there was a perforation of the acetabulum, through to the inner surface of the ilium, so that the finger could be passed into the pelvis. There was also caries of the horizontal portion of the pubis.

Dr. MARCH, of New York, in a paper read before the American Medical Association in May, 1853, on *Disease of the Hip-Joint*, considers "hip disease as produced in the head of the bone by upward and inward pressure, from muscular action, against the acetabulum." We think the case corroborates the opinion of Dr. March, as we find the os femoris entirely absorbed, and the acetabulum perforated through to the inner surface of the ilium. The primary symptoms of disease, in the case above mentioned, supervened upon excessive muscular action. The patient, when a boy, was in the habit of leaping and running to so great a degree, that he attributed the whole disease to over-exertion during his youth.

It occurs to us, in reviewing this case, that the most suitable treatment, in the earliest stage of disease of the hip-joint, would be gentle traction, sufficient to draw the head of the bone from the inflamed surface of the acetabulum. This treatment, accompanied by absolute rest of the patient in a horizontal posture, might prevent the shortening of the limb and the extension of the disease.

November 14. Post-mortem Appearances presented in a Case of alleged Destitution and Starvation, with a Description of an Anomalous Arrangement of a Portion of the Abdominal Viscera.—Dr. STEDMAN read the account to the Society. Examination of the body of John Fleming, made August 26, 1853, at 4 o'clock P. M., by direction of Coroner CHAS. SMITH.

Externally.—Weight of the body, sixty-two pounds; height, five feet two inches; circumference of leg at thickest part, six inches; circumference of thigh, four inches; from Poupart's ligament, seven and a half inches; circumference of arm at the thickest part, four and three-quarter inches.

Both legs drawn up by contraction of tendons and fascia.

Body very much emaciated; bones everywhere prominent; abdomen and intercostal spaces green from incipient putrefaction; skin peculiarly dry and soft; face shrunken; mouth and eyelids wide open; eyes sunken; broad superficial ulceration over sacrum; skin of heels soft and loose; well-defined spots, resembling purpura in size and colour, about the ankles; beard and hair on pubes as in adult age.

Internally.—Mucous membrane of mouth colourless, except a deep blue line next the teeth. Omentum destitute of fat, and adherent to a sac, hereafter described. Intestines transparent, so much so that the colour and motion of fluids therein are clearly perceptible; they are also of a pale-bluish colour. Small intestines glued together throughout their whole extent, and contained within a sac which is formed by a continuation of the mesocolon over the whole of the small intestines, and attached to the spine on both sides, about

the last lumbar vertebra. This sac is granular on each surface, exhibiting traces of chronic inflammation. The peritoneum of other portions of the abdomen natural; glands of mesentery and mesocolon enlarged. Peycr's patches ulcerated generally; gall-bladder nearly empty; duodenum unusually distended and pale; stomach distended with air, and containing about three ounces of liquid food—its walls very thin and transparent. Pancreas atrophied; urinary bladder moderately distended with urine.

Pleurae of both lungs firmly adherent to the ribs. Left lung filled with tuberculous matter, and impermeable to the air. Right lung crepitant, but containing considerable tuberculous deposit.

Heart flabby, pale, fatless, contains no coagula, otherwise healthy.

Serum effused under dura mater in small quantity; substance of brain very soft and without odour; white portion of a pinkish colour; cineritious portion paler than usual.

Muscles small generally, muscular fibre unusually pale and soft.

No fat discernible, in the smallest quantity, in any portion of the body.

Blood deficient in quantity, and of a lighter colour, and thinner than usual.

All the other organs of the body examined and found healthy.

Opinion.—The testimony elicited at the coroner's inquest, together with the appearances presented at the *post-mortem* examination, lead us to the opinion, that the diseased condition of the pleura, lungs, and peritoneum were sufficient to destroy life; but that the sufferings of the deceased were aggravated, and his death was hastened by the deprivation of food and proper care.

C. H. STEDMAN, M. D. } *Examining Surgeons.*
F. S. AINSWORTH, M. D. }

The following account of the anomalous distribution of some of the abdominal viscera, in the case of John Fleming, is in addition to the above notes taken at the autopsy; the attention of the examiners having been at that time necessarily directed to the interesting medico-legal points of the case, and the account made of them having been intended for the use of the coroner. These peculiarities, it is believed, are without precedent, and are deserving a more extended description than was given in the foregoing report.

On laying open the abdomen, we were struck with the apparent absence of the small intestines. The viscera which were to be seen, were distributed as follows: above, on the right side, the liver, of natural size and colour; in front, extending to the left hypochondriac region, the stomach, somewhat distended with flatus; and immediately below it the transverse colon in its normal condition; the omentum was very much attenuated, extending only about three inches from the arch of the colon. On the right side, from the iliac fossa, the head of the colon, and the ascending portion of that viscus, and on the left the descending, with the sigmoid flexure, occupied their normal position. The hypogastrium was filled by the bladder, moderately distended with urine, and the rectum. On laying the omentum back over the stomach, we found the entire space usually occupied by the small intestines, extending from the ascending across to the descending colon, and from the transverse portion of that intestine to the brim of the pelvis, entirely occupied by an evenly-rounded elastic tumour, projecting out nearly to the level of the large intestine, which bounded it. The surface of the tumour was rough and granulated. Along its upper border it was identified with the transverse mesocolon; and with it could be traced over that portion of the large intes-

tine. On either side, it could be traced to the ascending and descending colon; and was clearly continuous with the peritoneal covering of that part of the intestine. Its lower border was loosely attached to the spine, at the last lumbar vertebra, from whence it was reflected to form the meso-rectum. On cutting transversely across this tumour, the whole body of small intestines was brought into view, compressed into a small compass, and looking not unlike the superior surface of the cerebrum with its convolutions. They were loosely adherent to each other by the effusion of lymph on their peritoneal surface. Their caliber was considerably diminished, though there was no appearance of stricture in any part. On passing the hand through the opening made in the sac, and sliding it upward, it passed, without encountering any obstruction, under the transverse colon, into the cavity bounded above by the stomach, below by the transverse colon, in front by the first and second layers of peritoneum passing from the stomach to the arch of the colon to form the omentum, and behind by the spine and large bloodvessels. The mesentery was adherent to the spine rather higher up than usual. Its glands were considerably enlarged. The ileo-cæcal valve was on the posterior surface of the colon, and the small intestine passed into it without penetrating the sac. On removing the small intestines, the inner walls of the cavity were found rough, and coated with false membrane. They were continuous with the peritoneal covering of the colon in the same way as on the external surface. The cavity was bounded upon both sides by the ascending and descending colon, below, by the attachment of the sac to the spine; while above, it extended upward under the colon as far as the stomach.

From this examination, it is evident that the anomaly in this case consists in the attachment of the transverse mesocolon; which, instead of passing directly backward to the spine between the stomach and small intestines, is continued over them, and attached to the vertebra below the mesentery—holding and compressing them, very much as the scrotum is held by a suspensory bandage. On each side, the peritoneum, as is frequently the case, did not envelop entirely, the large intestine, forming on the under side a mesocolon for that part of it, but was reflected from the walls of the abdomen over only the anterior three-fourths, leaving the posterior portion uncovered by peritoneum. After covering part of the intestines, the peritoneum was continued inward toward the median line, forming the lateral portions of the sac.

C. H. S.
F. S. A.

Separation of the entire Long Flexor of the Thumb, by a Twisting Rope.—Dr. HENRY O. STONE showed the specimen, which was sent to the Society, for their Cabinet, by Dr. HENRY A. MARTIN, of Roxbury, who also sent the following letter descriptive of the accident, and which was read by Dr. S. to the Society:—

"On the twenty-first of September, the left thumb of a boy, named Lowry, was caught between the rapidly twisting strands of a rope, in process of manufacture; in consequence of which, the last phalanx and a portion of the soft parts about it were instantly torn away, together with the entire tendon of the long flexor of the thumb, even including the tendinous portion of that small slip of the muscle taking its origin from the anterior aspect of the head and upper portion of the ulna, and which is so delicate and insignificant as not to be generally noticed by anatomical writers. (It is figured in the "*Petit Atlas d'Anatomic*" of MÆSSE.)

"When I saw the boy, a few minutes after the accident, he complained of

much pain at the extremity of what remained of his thumb, and of a slight aching sensation in the forearm, somewhat increased by pressure along the track of the abstracted tendon. The wound was just such an one as would have followed a well-performed amputation, and was dressed accordingly; the following day, sensitiveness on pressure along the forearm continued, and was, perhaps, very slightly increased; a dose of salts, with half a grain of tartarized antimony, was administered the next morning; pain on pressure was very trifling, and confined to a small space just above and under the annular ligament; from this time till the 8th of the present month, when I last saw the patient, there was not the slightest pain complained of by him, nor any sensitiveness to pressure along the forearm; I was this morning informed by the boy's employer that he returned to his work on the 10th instant.

"I have thought the above case not unworthy of record, for the accident was certainly a very curious one, and, moreover, there seemed to me, in the absence of all bad symptoms following the injury, a striking proof of the facility with which the reparative processes are carried on in wounds, entirely excluded from the air. We have, consequently, a strong argument, if any be needed, for the safety of even extensive subcutaneous incisions, for in this instance, from the nature of the accident, air could not by any possibility enter the wound, as, under the influence of external atmospheric pressure, the surrounding soft parts would instantly obliterate the space previously occupied by the lost tendon, and, as a consequence of this entire exclusion of the air, an extensive *lacerated* wound was repaired without even the shadow of a bad symptom."

Bony Deposit on Dura Mater—Microscopic Test, &c.—Dr. DURKEE showed two specimens of bone taken from the inner surface of the dura mater. They were mere irregular spiculæ before being prepared for microscopic examination. These two specimens were compared with several other portions of normal bone taken from the femur, humerus, &c. No difference could be discovered between the several preparations. They were examined with Næchet's and Spencer's microscopes by the members present. The system of Haversian canals, the lacunæ, the canaliculi, the laminae, &c., were in all exactly alike.

Dr. Durkee remarked that he had worked out a great many specimens of bone, from the young fœtus, weighing only sixty grains, to the adult subject; and that the lacunæ and canaliculi varied considerably in appearance; that is, the lacunæ would sometimes have the canaliculi only on one side, and in some specimens they appeared less numerous than in others; but he had never examined any that appeared in all anatomical features more perfect than those found attached to the dura mater which he had just exhibited. Both specimens from the dura mater were treated with very weak muriatic acid, to remove a portion of their earthy constituents, and thereby display the canaliculi and lacunæ more boldly, as is always the fact in true bony structure. The spiculæ responded to the action of the acid very promptly; and here we have a chemical proof that they are real bone. Dr. D. remarked that it is impossible to say whether cartilage cells existed before the formation of bone or not, inasmuch as we have no means of reducing bone to its original cartilaginous state in any case.

Dr. BACON also exhibited transverse and longitudinal sections of an ossific deposit from the dura mater, examined by him a year since. These show the concentric laminae, lacunæ, and canaliculi of true bone. The Haversian canals generally run in the direction of the length of the bony plate, and are con-

nected by transverse branches, in the usual manner. The osseous tissue is continued into the projecting spicula, and no cartilage of ossification is visible. On removing the mineral matter by dilute hydrochloric acid, the animal matter is left retaining the form of the plate, as in normal bone.

Dr. BURNETT remarked, that the specimen of ossific deposit upon the dura mater, exhibited at the last meeting by Dr. Jackson, and microscopic preparations of which were on the table this evening, had more than usual interest from its important bearing on a point in histology.

It has been a question since the days of the earlier microscopical investigators, and especially since the time of MIESCHER, whether or not bone was always formed in a preëxisting cartilaginous matrix. Many excellent observers have maintained, that it is always preceded by cartilage, and that in the case of the formation of the cranial bones, which are particularly those alleged to be formed in membranes and not in cartilage, there is really a delicate but very transient cartilaginous layer preceding the appearance of the true bone.

Dr. B. said that this is the view advocated by Miescher especially; and that from his own researches upon the formation and development of bone in fœtal goats, he has been obliged to adopt the opinion that bone is always formed out of cartilage, and that the Purkinjean corpuscles of bone are only the transformed cartilage cells.

On the other hand, KÖLLIKER, SHARPEY, and others, from recent investigations, advocate the possible *intra-membranous* formation of bone, and especially those forming the vault of the cranium.

The present specimen has the importance of furnishing valuable data towards a decision of this point, for here it is highly improbable that, in this epigenesis, cartilage, which is a true embryological formation, should have preceded the development of the bony matter, and, what is more, this bony matter has all the true constituents of bone precisely as though formed in the fœtus. Dr. B. said, moreover, that his former opinions, already invalidated by the results of so excellent an observer as Kölliker, are considerably shaken by this specimen, and by the interpretation we are obliged to put upon it. Dr. B. added, that this is a striking instance of the manner in which pathology may sometimes ably serve physiology.

Entozoa.—Dr. BURNETT exhibited specimens of Entozoa, with the following remarks. These worms are far from being rare or uncommon, and were taken from the omentum of a sheep. They are the well-known *Cysticerci* of that animal, and the like of which occur also in many of our other domestic animals. I present them in both conditions—of being invested with a sac, as they are always found, and with the sac removed, showing the animal itself. These parasites are objects of considerable physiological interest, from the recent researches which have been made upon their economy and real character. These investigations have cleared up not only this subject, but also allied ones, and have removed some of the strongest data in favour of the equivocal generation of these animals. SIEBOLD, the greatest of living helminthologists, has ascertained from long-continued and careful experiments, that these anomalous forms of Entozoa, as also others which have likewise been regularly classified and arranged, are only forms of *Tænia*, existing under that singular state of conditions, known as constituting an *alternation of generation*; that is, where an animal, A, produces by means of eggs, individuals, B, which are apparently dissimilar to their parent. These individuals, B, are sexless, and reproduce offspring resembling A, without any sexual process. These intermediate forms, B, are called the *nurses*, and are represented

in the specimens now shown, only that here, as with nearly all the *Cysticerci*, they have so degenerated, as to be wholly unable to reproduce the true *tæniæ*, and are therefore entirely abortive animal forms. If there were time, it would be interesting to detail here many curious facts, recently ascertained, as to the various migrations these *tæniæ* perform, in order to reach their final resting-place—such as from insect to bird, and from bird to mammal, living in each under different forms, and becoming perhaps the true *tæniæ* in the mammal—their last habitat.

I will only add that such researches tend very much to lessen the number of true zoological eutozoa, and the present specimens belong to an order (Cystici) which has thereby been wholly removed from zoology.

Nov. 14. *Placenta Prævia*. Dr. BUCKMINSTER BROWN read the two following cases:—

CASE I.—Mrs. K., twenty-seven years of age, six months advanced in her second pregnancy. Her previous confinement had not been marked by excessive hemorrhage; the child, however, only survived one day. Two weeks previous to my seeing her, she had, for the first time, a slight discharge of blood from the vagina; which had ceased and returned again three times during that period. The evening before, the flow had been so severe as to greatly alarm her attendants. It continued, however, but a short time.

On examination, I found some oozing from the vagina, which was full of coagula, and the bedding much wet from the last night's flooding. The os uteri was soft, but not dilated. In this state of things, nature having already checked the hemorrhage, I did not deem active interference advisable, nor feel justified in disturbing this favourable condition, even so far as to ascertain the presentation.

In cases of uterine hemorrhage, whether unavoidable or accidental, it is well known, that if the bleeding is efficiently checked, the woman may carry her child two or three weeks, or even to the end of her term, without any alarming return of the flooding. In cases of the first-mentioned description, however, the commencement of labour is generally marked by a copious gush of blood. A curious and interesting instance of the advantage to be derived by following the expectant method in these cases, is related by Velpeau. It occurred in the person of a young woman at the Maternité, at Tours, who was seized with flooding three times; with an interval of a fortnight between each attack, in the two latter months of gestation. She was delivered at the natural period. There were found "on the surface of the placenta three distinct layers, about the size of a three-livres piece; one of these layers, which was very near the edge of the placenta, was composed of a clot that was still red, of a lenticular shape, and with difficulty separable from the after-birth; the second was composed of a fibrinous concretion, much firmer, and scarcely coloured at all; the third looked more like a sort of cicatrix." These three spots M. Velpeau considers undoubtedly to have been the seat of the three hemorrhages which took place previous to labour. The same author likewise mentions another case of accidental hemorrhage, in the third month of pregnancy, which was so profuse that in the space of thirty-six hours more than two quarts of blood were lost, notwithstanding which the woman did not miscarry. M. Duparcque relates a case of *placenta prævia*, in which flowing came on as early as the sixth month, but ceased spontaneously, and did not return until the commencement of labour. Hemorrhage under these circumstances occurs much more rarely in the first months of gestation, than where

it takes place in consequence of the simple accidental separation of a portion of the surface of the placenta from the walls of the uterus.

During my first two visits, the treatment consisted in simply enforcing the necessity of perfect quiet; that the patient should be kept cool; cold drinks taken, and aromatic sulphuric acid administered; at stated intervals, pills composed of acetate of lead and opium.

At half-past one, at night, I was called in great haste. The flooding was profuse, the bedding soaked, and the blood dripping through it, and standing in pools on the floor. The pulse fluttering; there was tendency to syncope, with vomiting, gaping, &c. The os uteri still undilated, and the placenta found to be attached directly over it.

Urged by the considerations above referred to, and by the state of the os, active temporizing measures, in the first place, were determined upon, with the intention of affording the woman the chance of saving her child, before proceeding to the *dernier resort*, and attempting a forced delivery. Cloths, wet with cold water, were flapped upon the abdomen, ice was applied to the vulva, and a sinapism to the back. This last application is considered by M. Velpeau as one of the most powerful and useful revulsives, in such cases, with which he is acquainted, and more to be relied upon than any other remedy. M.M. Trastour, Larouche, Nivert, and others, have made use of it with much advantage.

These measures, pursued with vigour, soon produced their effect. The hemorrhage rapidly lessened, and in a short time almost entirely ceased. A slight discharge, however, still continuing, it was decided, in order to insure as great an amount of safety as possible, to make use of the *tampon*. A fine linen cloth was introduced in the form of a sac, oiled on one side; this was filled with tow and wadding. Over the whole, a linen compress was placed, and all made firm by a crucial bandage.

The bleeding was completely checked; there was great improvement in the pulse, and all the threatenings of syncope passed away. After waiting a sufficient length of time, finding there was no return of the hemorrhage, directions for perfect quiet were strictly enforced, and the patient was left for a brief period.

At 10½ A. M., I was again summoned, and found that the tampon had become in some degree displaced, and that the hemorrhage had returned to a frightful extent. The remedies previously employed were again put in operation, while the necessary measures preliminary to *turning* were taken; and, by my request, Dr. W. E. Coale was called in consultation. Dr. C. arrived immediately, and having fully concurred as to the necessity for turning the child, with his assistance the operation was performed, and the woman delivered of a still male child.

Stimulants were administered, and the patient slowly recovered. The only adverse circumstance which occurred was an excessive irritability of the stomach, which was subdued by morphia.

The placental presentation, with the consequent unavoidable hemorrhage; the recovery of the patient, notwithstanding the immense quantity of blood lost; combined with the danger arising from the operation of turning, a step involving great hazard in her exhausted state, are among the chief points to be noted in this case.

CASE II.—Mrs. O., thirty years of age; third pregnancy. Her previous confinements had been very severe, attended with much hemorrhage. Only one child was born alive, which lived twelve months. She was first seen

by me, Nov. 9, on account of severe hemorrhage from the vagina. She was in the seventh month. Had had some flowing from vagina for about a month. During the last ten days it had occurred from time to time in gushes, very considerable; and previous to my visit, the bleeding had been alarming. Her countenance presented a remarkably fixed, unnatural appearance, which, taken in connection with excessive nervous excitement, induced the fear of cerebral trouble and the anticipation of convulsions. At this time the flowing was slight; the child was living, as ascertained by auscultation; the fetal movements could likewise be distinctly felt. The uterus was at intervals in a state of spasmodic contraction, which at times was so violent as to force the head of the fetus against the abdominal parietes, where it could be felt forming a projecting tumour.

Pills of acetate of lead and opium were prescribed; perfect rest in the horizontal position, together with cold applications to the abdomen and vulva were directed; also, my instant summons should there be the slightest hemorrhage.

At 6 P. M. was again requested to visit the patient, and informed that there had been one profuse gush of blood. This had subsided, and labour appeared to have commenced. There was no placental souffle; the only sound heard was, from time to time, that of muscular contraction. The os uteri was slightly dilated, sufficiently so to ascertain the presentation, which proved to be *placental*. The uneven, lobulated tissue of the placenta completely closed the mouth of the uterus, being attached directly over the cervix.

The bleeding, at this time, was not alarming; it was decided to wait for increased dilatation. When this had sufficiently advanced, ergot was administered, and I proceeded to deliver, the, in such cases, falsely called *after-birth*. It was important that this preliminary step should be taken as soon as possible, both in order to prevent farther hemorrhage, and also to make way for the advance of the child. This could not be accomplished until the membrane had been ruptured, and the waters partially discharged. The membranes were unusually tough and thick; it was impossible to penetrate them with the finger-nail, which, in such cases, has usually answered the purpose, and a sharp-pointed probe was introduced before their rupture could be effected.

The delivery of the placenta was a slow and somewhat difficult process, on account of the forcible contractions of the uterus, by which it was tightly impacted between the body of the child and the uterine parietes. Thus far the plan suggested by Prof. Simpson, of Edinburgh, had been pursued. Having dislodged the placenta, it was discovered that the difficulties of the case had but just commenced, and that behind it there were presenting an arm and side of the chest. The child was, in fact, lying directly across the pelvis. The right arm presented. Turning was the only alternative, and was immediately determined upon. The pains were now very violent. As soon as possible, the hand was introduced into the uterus, following the chest and abdomen of the child, until the feet were reached; a new obstacle now presented itself, growing out of the thickness of the membranes before referred to. The opening previously made had been closed by the downward pressure of the child, which prevented the escape of the liquor amnii, and a bag partially filled with water was interposed, effectually preventing the feet being seized. It was not until chloroform had been administered, and, through its agency, relaxation of the uterus effected, thus allowing the waters to drain off, that this difficulty was overcome, and the operation successfully accomplished.

The child was stillborn, and was remarkably large for the term of gestation. The membranes, upon examination, were found to be unnaturally firm and thick.

The uterus contracted well. The patient's strength, now much exhausted, was recruited by the necessary restoratives, and at 5 A. M. she was left comfortable.

During the day, there was considerable tenderness over the uterus. Pulse 120.

Nov. 11. The tenderness had increased, and there was much enlargement of the uterine globe, which was in a state of irregular, lobulated contraction. Pulse 106. Ol. ricini was directed; to be followed, during the day, by powders composed of calomel, ipecac, and opium; and fomentations to the abdomen were ordered.

12th. Some increase of tenderness on pressure. Directed one powder every four hours.

On the 14th, the patient was fully under the mercurial influence, and there was a decided improvement in the symptoms.

On the 16th, pressure made with considerable force over the uterus, gave no pain.

Convalescence progressed without any accident.

Five important points may be noticed in this case.

In the first place, the placental presentation, and the unavoidable hemorrhage which preceded the delivery.

Dr. Robert Collins, in his statistical account of 16,654 births which occurred in the Dublin Lying-in Hospital, during the period when he had the medical charge of that institution, states that of this number there were but *eleven* placental presentations. Of these eleven cases, eight of the children presented naturally. Two were footling cases, and one was a breech presentation. Four were turned, and in one the head was lessened. Two of the four women, whose children were turned, died; the others recovered.

2. The presentation was complicated with proci-dence of the arm. In the 16,654 births just referred to, there was not one in which this complication occurred.

3. The great tenacity of the membranes may be noticed.

4. The early delivery of the placenta; which, in this instance, was a successful application of the principle, and was attended with a favourable result.

5. The relaxation of the uterus and of the voluntary muscles attendant on the state of anæsthesia, by which the operation of turning was rendered simpler to the operator, as well as painless to the patient.

ART. V.—*Sarcina Ventriculi in connection with Disease, &c.* By SILAS DUKKEE, M. D. (With a wood-cut.) Read before the Boston Society for Medical Improvement.

September 28, 1853. Mrs. M. called on me for advice. Patient is thirty-eight years old; stout, robust frame, and rather fleshy; was married to her second husband (with whom she now lives) six years ago. Reports that her